MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08377

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hilltop. (Rural). X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hilltop X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) CLEMENTS

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: US-W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Dec 2. 1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John W. Clements

14. MOTHER'S MAIDEN NAME: Martha Milstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Madelin C. Emerson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial infarction. DUE TO — Interval Between Onset and Death: Unknown.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senile DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M. **INJURY OCCURRED** While at work ☐ Not while at work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 14 Sept, 1953, to 14 Sept, 1953, that I last saw the deceased alive on 14 Sept, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE J. Woodall. (DEGREE OR TITLE) M.D. ADDRESS La Plata. Md. DATE SIGNED 14 Sept 53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial **DATE THEREOF** 9/16/53 **NAME OF CEMETERY OR CREMATORY** Oak Dunbar **LOCATION** (City, town, or county) (State) Pomaides, Md.

DATE REC'D BY LOCAL REG. 9/16/53 **REGISTRAR'S SIGNATURE** Julia B. Posey

24. FUNERAL DIRECTOR Hunt + Byrd, Waldorf, Md **ADDRESS**

RECEIVED
SEP 18 1953
BUREAU V. S.

08978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles X

City or town Hughesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles X

City or town Hughesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Martha Eing

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife George Eing

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 4 1883

8. AGE: Years	Months	Days	If less than one day
70			..... hrs. ..... min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business self

FATHER
12. Name Mchael Baley
13. Birthplace

MOTHER
14. Maiden name Pauline Gorski
15. Birthplace

16. Informant Esther Bassford (daughter)

Address Hughesville, Md.

17. Burial
(Burial, cremation, or removal, Which?)

Date thereof Sept. 17 1953
(month) (day) (year)

Cemetery or crematory St. Marys

Location Bryantown, Md.

18. Funeral director Huntt & Ryon

Address Waldorf, Md.

19. 9/16/53 19
(Date rec'd by registrar)

Julia H. Posey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14 1953 at 8 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1939 to 9/14 1953

and that I last saw her alive on 9/14 1953

Immediate cause of death Myocardial Apoplexy

Due to Paralysis

Due to Agitans

Other conditions 350X
(Include pregnancy within 8 months of death)

DURATION: Years

Major findings of operations 0 Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other

Address Waldorf, Md Date signed 9/14/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-4 M

RECEIVED
SEP 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08979

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN La Plata X — LENGTH OF STAY (in this place)
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) D. (Last) Farrell

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: May 9, 1892 — 9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming — 10b. KIND OF BUSINESS OR INDUSTRY: Self — 11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Natt Farrell — 14. MOTHER'S MAIDEN NAME: Martha Farrell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Army — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT & ADDRESS: Mrs. Mattie Farrell, Wayside Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X
Immediate cause (a) Ca. Stomach
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1953 to 9-4, 1953, that I last saw the deceased alive on 9-4, 1953 and that death occurred at 9 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Medalen M.D. — ADDRESS La Plata Md. — DATE SIGNED 9-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 7, 1953 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) (State) Issue Md.

DATE REC'D BY LOCAL REGISTRAR 9/4/53 — REGISTRAR'S SIGNATURE Julia H Posey — 24. FUNERAL DIRECTOR — ADDRESS Huntt & Ryon, Waldorf, Md.

VS. A15

RECEIVED
SEP 8 1953
BUREAU V. S.

Item 18&21 Film G138

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Mem. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Cecelia (Middle) C. (Last) Gesner

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Oct. 28, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Michael Gesner
14. MOTHER'S MAIDEN NAME: Bridget Maugle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Fred Fratter, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Arteriosclerotic Cardiovascular Disease c̄ Myocardial Failure	5 days
Antecedent cause(s)	DUE TO II (b) Intertrochanteric Fracture Left Femur	1 month
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 9000	DUE TO (c) (Fracture nailed and healing satisfactorily)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-8-53 M.
INJURY OCCURRED While at work ☐ Not while at work ☐ 1
HOW DID INJURY OCCUR? Fell down 5 steps.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Farran Jarboe (DEGREE OR TITLE) MD. ADDRESS La Plata Md DATE SIGNED 9-12-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Sept 15/1953 NAME OF CEMETERY OR CREMATORY St. Marys Cemetery LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REG. 9/14/53 REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hvutt & Ryan, Waldorf, Md ADDRESS

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08981

Reg. Dist. No. 10-6

1. PLACE OF DEATH: COUNTY Charles — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Riverside — LENGTH OF STAY (in this place) X — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC — COUNTY V-453 — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) Henry — (Last) Holmes

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-24-28

9. AGE last birthday: 25 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lawrence Co Penna

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Colbert Holmes

14. MOTHER'S MAIDEN NAME: Helen Tremley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9 — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Fortune Holmes Senter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825 X

Immediate cause (a) Fractured neck — 9-6-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Auto accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Riverside — (COUNTY) Chas — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 9 - 6 - 53 3 AM — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) M.D. — ADDRESS La Plata Md — DATE SIGNED 9-6-53

23. BURIAL, CREMATION OR REMOVAL: Removal — DATE THEREOF 9/6/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 9-6-53 — REGISTRAR'S SIGNATURE M. E. Ransome

24. FUNERAL DIRECTOR — ADDRESS Hunt & Ryon Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AHA

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Wilbur (Last) Howard

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: May 11 1914 — 9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Coin machine operator. — 10b. KIND OF BUSINESS OR INDUSTRY: — 11 BIRTHPLACE (State or foreign country) Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph N. Howard — 14. MOTHER'S MAIDEN NAME: Irma Mudd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Mrs Helen Howard Waldorf, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Occlusion — 9-13-53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952 to 9-13, 1953 that I last saw the deceased alive on 9-11, 1953 and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE C. Eddelen M.D. (Degree or title) — ADDRESS La Plata Md — DATE SIGNED 9-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-16-53 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-15-53 — REGISTRAR'S SIGNATURE M. L. Mourer

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md

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SEP 17 1
BUREAU V. S.

Items 8 & 9, Film G158, 10/7/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco — LENGTH OF STAY (in this place) all Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Katherine	(Middle)	(Last) Jameson	4. DATE OF DEATH	(Month) Sept. (Day) 21 (Year) 1953
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 16, 1877	9. AGE last birthday 75 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charles County	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Samuel Jameson			14. MOTHER'S MAIDEN NAME Mary Dunmore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Harrison Jameson Port Tobacco, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary hemorrhage.	10 minutes
OC 7X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis.	3 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Sept, 1953, to 21 Sept, 1953, that I last saw the deceased alive on 21 Sept, 1953, and that death occurred at 5:38 EDT p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Woodley	MD	La Plata.	21 Sept 53

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/24/53	St. Catherine Catholic	Charles Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/53	Julia H. Pasey	Penny & Coffee	Mason Springs Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP
BUREAU V. S.

Film G157 - Item 9 - 9/8/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WENDELL (Middle) M. (Last) REED ~~Reed~~

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Dec. 28 1864
9. AGE last birthday: ~~89~~ 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.
11. BIRTHPLACE (State or foreign country): New York 29
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Colman Reed
14. MOTHER'S MAIDEN NAME: Lomira Farr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Roy O. Reed, Welcome, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1947 to 1 Sept 1953, that I last saw the deceased alive on 1 Sept 1953, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE A. Woodley (DEGREE OR TITLE) MD ADDRESS La Plata. Md DATE SIGNED 1 Sept 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Sept. 3 1953 NAME OF CEMETERY OR CREMATORY Old Durham LOCATION (City, town, or county) Ironsides, Md. (State)

DATE REC'D BY LOCAL REG. 9/2/53 REGISTRAR'S SIGNATURE Julia H. Basey
24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

RECEIVED
SEP 4 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata X
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Joseph Ethelbert Robey

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 10 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: JAN 8 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING (OWNER)
11. BIRTHPLACE (State or foreign country): Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Allie Robey
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 7
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Raymond Robey Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	18 hrs.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardio-vascular-renal disease	3 years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 10 Sept, 1953, that I last saw the deceased alive on 10 Sept, 1953, and that death occurred at 4:10 EST A.m., from the causes and on the date stated above.

SIGNATURE A. O. Woody (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 10 Sept 53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 14 1953
NAME OF CEMETERY OR CREMATORY St. Joseph's
LOCATION (City, town, or county) (State) Pomfret, Md.

DATE REC'D BY LOCAL REG. 9/12/53
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-

T

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08986

CERTIFICATE OF DEATH

Reg. Dist. No. 105

M

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Washington (Last) Willett
4. DATE OF DEATH: (Month) Sept. (Day) 12, (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 24, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles W. Willett
14. MOTHER'S MAIDEN NAME: Mary Jane Hicks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Willard W. Willett, 7819 Marlboro Pike 28 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cortic. Vas. Renal Dis.

DUE TO

(c) Senility

Interval Between Onset And Death: Unrestrainable

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1939, to 9/12, 1953, that I last saw the deceased alive on 9/12, 1953, and that death occurred at 9:30, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. R. Webber, M.D. ADDRESS Waldorf Md DATE SIGNED 9/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 15, 1953
NAME OF CEMETERY OR CREMATORY St. Pauls
LOCATION (City, town, or county) Finey, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9-15-53
REGISTRAR'S SIGNATURE M. L. Mourse
24. FUNERAL DIRECTOR Hunt & Ryon, ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08987

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — RURAL X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Augustus (Middle) Warren (Last) Yates

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	M.	Aug 7, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Fisherman	fishing	Md.	US

13. FATHER'S NAME: Thomas Yates

14. MOTHER'S MAIDEN NAME: Rosa B. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Mary L. Yates Rock Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X **Immediate cause** (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 7-17-53

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED Whilc at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 9-18, 1953, to 9-1, 1953, that I last saw the deceased alive on 9-1, 1953, and that death occurred at 9½ a.m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 9-2-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/3/53	Holy Ghost	Issue Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/2/53	Julia A. Casey	Hunt & Ryon	Waldorf Md.

VS. A15 8-53

RECEIVED
SEP 4 1953
BUREAU V. S.